

<i>SERFF Tracking Number:</i>	<i>ALSX-125720749</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8703</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0004 Other</i>
<i>Product Name:</i>	<i>Auto, Motorcycle, Motor Home</i>		
<i>Project Name/Number:</i>	<i>Form Filing/F8703</i>		

Filing at a Glance

Companies: Allstate Insurance Company, Allstate Property & Casualty Insurance Company, Allstate Indemnity Company

Product Name: Auto, Motorcycle, Motor Home	SERFF Tr Num: ALSX-125720749	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 19.0004 Other	Co Tr Num: F8703	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: SPI AllState	Disposition Date: 08/05/2008
	Date Submitted: 07/02/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 08/05/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 10/27/2008

State Filing Description:

General Information

Project Name: Form Filing	Status of Filing in Domicile: Not Filed
Project Number: F8703	Domicile Status Comments:
Reference Organization: N/A	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/05/2008	
State Status Changed: 07/08/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

As requested by your Department, we are filing our auto applications. No changes to the auto applications have been made, and these are being provided for reference only.

In our Allstate Insurance Company, Application 1010 is used for auto and Application 1610 is used for motorcycles and motor homes. In our Allstate Property and Casualty Company, Application 1065 is used for auto. In our Allstate

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

Indemnity Company, Application 1660 is used for motorcycle and motor homes and Application 1960 is used for auto.

We are also filing our Personal Injury Protection (PIP) rejection form with this filing. This form is currently being used in our motorcycle and motorhome programs, as well as in our Allstate Indemnity Company auto program. With this filing, we are adopting this form for use in our auto programs in Allstate Insurance Company and Allstate Property & Casualty Insurance Company.

Upon approval, we will notify your Department of an effective date for this filing.

Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
 2775 Sanders Road (847) 402-2774 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Insurance Company	CoCode: 19232	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type: Property and Casualty

Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-0719665	

Allstate Property & Casualty Insurance Company	CoCode: 17230	State of Domicile: Illinois
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2775 Sanders Road	Group Code: 8	Company Type:
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Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-3341779	

Allstate Indemnity Company	CoCode: 19240	State of Domicile: Illinois
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2775 Sanders Road	Group Code: 8	Company Type:
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Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:

<i>SERFF Tracking Number:</i>	<i>ALSX-125720749</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8703</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0004 Other</i>
<i>Product Name:</i>	<i>Auto, Motorcycle, Motor Home</i>		
<i>Project Name/Number:</i>	<i>Form Filing/F8703</i>		

(847) 402-5000 ext. [Phone]

FEIN Number: 36-6115679

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	07/02/2008	21214054

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/05/2008	08/05/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	07/24/2008	07/24/2008	SPI AllState	07/25/2008	07/25/2008
Pending Industry Response	Alexa Grissom	07/08/2008	07/08/2008	SPI AllState	07/17/2008	07/17/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date Confirmation	Note To Reviewer	SPI AllState	09/11/2008	09/11/2008

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

Disposition

Disposition Date: 08/05/2008

Effective Date (New): 08/05/2008

Effective Date (Renewal): 10/27/2008

- Effective Date (Renewal) changed from NULL to 10/27/2008 by Grissom, Alexa on 09/16/2008.

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	SX2866-5	Approved	Yes
Form	AR Application 1010	Approved	Yes
Form	AR Application 1065	Approved	Yes
Form	AR Application 1610	Approved	Yes
Form	AR Application 1660	Approved	Yes
Form	AR Application 1960	Approved	Yes
Form (revised)	SU10932-01	Approved	Yes
Form	SU10932-01	Approved	Yes

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/24/2008
Submitted Date	07/24/2008
Respond By Date	

Dear Carrie Deppe,

This will acknowledge receipt of the captioned filing. UMBI is required to be elected/rejected equal to liability limits on the application per the aforementioned code. Please advise how you are complying with this law.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/25/2008
Submitted Date	07/25/2008

Dear Alexa Grissom,

Comments:

Please see our attached response.

Response 1

Comments: Currently, we have a trailing document form number SX2866-5 that is sent out and retrieved on new business and in addition when limits on liability bodily injury, uninsured motorist bodily injury, as well as liability property damage and uninsured motorist property damage is changed to be unequal or removed. For your reference, that insert has been attached.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: SX2866-5

Comment:

SERFF Tracking Number: *ALSX-125720749*

State: *Arkansas*

First Filing Company: *Allstate Insurance Company, ...*

State Tracking Number: *EFT \$50*

Company Tracking Number: *F8703*

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0004 Other*

Product Name: *Auto, Motorcycle, Motor Home*

Project Name/Number: *Form Filing/F8703*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Carrie Deppe

Sincerely,
SPI AllState

SERFF Tracking Number: ALSX-125720749 State: Arkansas
First Filing Company: Allstate Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: F8703
TOI: 19.0 Personal Auto Sub-TOI: 19.0004 Other
Product Name: Auto, Motorcycle, Motor Home
Project Name/Number: Form Filing/F8703

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/08/2008

Submitted Date 07/08/2008

Respond By Date

Dear Carrie Deppe,

This will acknowledge receipt of the captioned filing. The filing must comply with Ark. Code Ann. 23-89-403(3)(C)(i).

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/17/2008

Submitted Date 07/17/2008

Dear Alexa Grissom,

Comments:

Please see our revised form.

Response 1

Comments: Our form has been revised as requested.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
SU10932-01	SU10932-		Application/Binder/Enroll	New		0	SU10932-

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

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Previous Version

SU10932-01	SU10932-01	Application/Binder/Enroll New ment	0	SU10932-01.PDF
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<i>SERFF Tracking Number:</i>	<i>ALSX-125720749</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8703</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0004 Other</i>
<i>Product Name:</i>	<i>Auto, Motorcycle, Motor Home</i>		
<i>Project Name/Number:</i>	<i>Form Filing/F8703</i>		

No Rate/Rule Schedule items changed.

Sincerely,

Carrie Deppe

Sincerely,
SPI AllState

<i>SERFF Tracking Number:</i>	<i>ALSX-125720749</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8703</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0004 Other</i>
<i>Product Name:</i>	<i>Auto, Motorcycle, Motor Home</i>		
<i>Project Name/Number:</i>	<i>Form Filing/F8703</i>		

Note To Reviewer

Created By:

SPI AllState on 09/11/2008 01:21 PM

Subject:

Effective Date Confirmation

Comments:

This filing will be implemented for new business written and renewals processed October 27, 2008.

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AR Application 1010	AR 1010		Application/ New Binder/Enrollment		0.00	AR 1010.PDF
Approved	AR Application 1065	AR 1065		Application/ New Binder/Enrollment		0.00	AR 1065.PDF
Approved	AR Application 1610	AR 1610		Application/ New Binder/Enrollment		0.00	AR 1610.PDF
Approved	AR Application 1660	AR 1660		Application/ New Binder/Enrollment		0.00	AR 1660.PDF
Approved	AR Application 1960	AR 1960		Application/ New Binder/Enrollment		0.00	AR 1960.PDF
Approved	SU10932-01	SU10932-01		Application/ New Binder/Enrollment		0.00	SU10932-01.PDF

ALLSTATE INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818386003

Send Policy to Agent: N

Applicant's Name: CAROL THOMAS

Address : 1308 CLOVER CIRCLE

City : PARAGOULD St: AR Zip: 72450

Telephone Num. : (555) 555 - 5555 County: 028 Terr.: 4620036

VEHICLES

No	Yr	Make	Model	Vehicle ID Number	Cy	Dr	CT	PGS	VSC	Cost
1	2006	LINCOLN	ZEPHYR	3LNHM26106R635260	6	4	10	G	L72	

USE RATE

No	Odom (000)	Car Usage	Miles One Way	Date Purch	Est Ann Mi (000)	Incl Cmpr	Rare Rest	Split Terr	Alt Yr	Weeks Rented
1	: 001	WORK	05	03/2006	010	N	N	0036		

No	Own/ Lease	Original Owner/Lessee
1	: Y/N	Y

COVERAGES

2006

ZEPHYR

			LIMITS	PREMIUMS	PREMIUMS	PREMIUMS	PREMIUMS
AA Bodily Injury Liability	Ea Per		\$50,000	28.17			
	Ea Occ		\$100,000	Included			

BB Prop Damage Liability	Ea Occ	\$50,000	28.65
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SS Uninsured Mot Bodily Injury	Ea Per	\$50,000	7.79
	Ea Acc	\$100,000	Included
Prop Damage	Ea Acc	\$25,000	.49

* Please be advised that Uninsured Motorists Insurance (Coverage SS) limits for bodily injury are available up to the Automobile Liability Insurance - Bodily Injury (Coverage AA) limits for which you applied.

SU Underinsured Motorist	Ea Per	\$50,000	12.39
	Ea Acc	\$100,000	Included

VC Medical & Hosp Benefits	Ea Per	\$5,000	6.66
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VW01 IncomeDisab Benefits	Ea Per		1.12
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ALLSTATE INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818386003

VM Accidental	Ea Per	\$5,000	.61
Death Benefits			

DD Collision	Ded	\$1000	102.99
Safe Driving Deductible Reward		\$300	

HH Comprehensive	Ded	\$100	67.99
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NC New Car Expanded Protection	N/A		9.97
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Estimated Vehicle Premiums			266.83
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Your Estimated Vehicle Premium Reflects the GOLD PROTECTION Package
DISCOUNTS APPLIED ITEM 1
Airbag Discount 30 %
Anti-Lock Brake X
Premier Plus Discount X
Est. Pro-rated Policy Premium : 266.83
Premiums charged must be in accordance with the Company's manual rules & rates
Amount Paid :

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)

Mo Yr at Present Residence: 01/1999 Residence Type: Own or Rent:
Years at Present Employment: Other Vehicles Owned in Household: N
Is this the address where the vehicles are principally garaged? Y

ALLSTATE INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818386003

INSURANCE RECORD (PRESENT OR MOST RECENT AUTO INSURANCE CARRIED)

Prior Co: ALLSTATE INS Policy Number: 000000910350000
Exp Date: 10/01/2008 Years/Months Insured: 12/00 PI Code: AL
Is the above policy JUA, Assigned Risk or other non-preferred? N
BI LIMIT: 000050000

With respect to the Applicant and all members of the household:

A-Has an insurer cancelled or refused or given notice that it intends to
cancel or refuse any similar insurance for misrepresentation of any material
fact in the procurement or renewal of insurance or in the submission of
claims? : N

B-Has any license or permit to drive any motor vehicle been revoked, suspended
or refused? : N

C-Is the applicant the registered owner of the autos to be insured? : Y

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD

Name: CAROL THOMAS Sex: F DOB: 08/11/1957
Relation to Ins: SA INSURED Occupation: EM EMPLOYED Mar St: SI
Orig Date Licensed: 08/1973 Drivers Lic No: 432136294
State Lic: AR DD Course Completion Date:
Est % Use of Item 1: 100 Item 2: Item 3: Item 4: SS No: XXXXX6294

REMARKS:

AGENT REMARKS

XDDGX

ALLSTATE INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818386003

BINDER PROVISION

In reliance on the statements in this application, and subject to the terms and conditions of the policy authorized for the company's issuance to the applicant, the Company named above binds the insurance applied for to become effective:

12:01 AM 07/01/2008

Application Signed	06:04 AM 07/01/2008
	No: 006926 Loc: KV8
Agent's Signature	Office Phone: 4794716788
	Home Phone :

Arkansas law requires us to inform you of the following:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE: As part of Allstate's underwriting qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

To the best of my knowledge, the statements made on these application pages, including attachments hereto, are true. I certify that the information concerning insurance history, auto usage, and drivers used to compute my premium is correct and that I am eligible for the appropriate discounts indicated above. I request the Company, in reliance thereon, to issue the insurance applied for. I declare that the Company may recompute the premium shown if the statements made herein are not substantially true. I have read this entire application before signing.

APPLICANT'S SIGNATURE
SAR45-3

DATE

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818386020

Send Policy to Agent: N

Applicant's Name: REVA SXTBASEVEN

Address : AR10065013-B

City : NORFORK St: AR Zip: 72659

Telephone Num. : (555) 555 - 1212 County: 003 Terr.: 4240043

VEHICLES

No	Yr	Make	Model	Vehicle ID Number	Cy	Dr	CT	PGS	VSC	Cost
1	2000	FORD	TRU RANGER	1FTYR10C6YTB01000	4	2	30	V	H41	
2	2003	TOY.	TRU 4 RUNNER	JTEZU17R630003796	6	4	10	I	QA1	
3	2000	SATURN	LW1	1G8JU82FHYE332222	4	4	10	P	XE1	

USE RATE

No	Odom (000)	Car Usage	Miles One Way	Date Purch	Est Ann Mi (000)	Incl Cmpr	Rare Rest	Split Terr	Alt Yr	Weeks Rented
1	: 010	WORK	10	04/2008	080	N	N	0043		
2	: 010	PLEASURE		05/2008	010	N	N	0043		
3	: 010	WORK	10	05/2008	015	N	N	0043		

No	Own/Lease	Original Owner/Lessee
1	: Y/N	Y
2	: Y/N	Y
3	: Y/N	Y

COVERAGES

			2000 RANGER	2003 4 RUNNER	2000 LW1	
AA Bodily Injury	Ea Per	LIMITS	\$30,000	190.29	81.36	102.07
Liability	Ea Occ		\$85,000	Included	Included	Included

BB Prop Damage Liability	Ea Occ	\$25,000	158.21	73.94	98.93
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SS Uninsured Mot Bodily Injury	Ea Per	\$30,000	11.88	10.99	10.99
	Ea Acc	\$85,000	Included	Included	Included

* Please be advised that Uninsured Motorists Insurance (Coverage SS) limits for bodily injury are available up to the Automobile Liability Insurance - Bodily Injury (Coverage AA) limits for which you applied.

VC Medical & Hosp Benefits	Ea Per	\$25,000	34.25	31.95	31.93
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DD Collision	Ded	\$100	373.10	343.09	412.35
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ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818386020

HH Comprehensive	Ded	\$50	108.31	221.76	248.94
UU Rental Reimb	Per Day	\$20	21.52	13.20	21.52
JJ Towing & Labor		\$50	5.80	5.80	5.80
ZA Sound System		\$250	9.00	9.00	
Estimated Vehicle Premiums			912.36	791.09	932.53

DISCOUNTS APPLIED	ITEM 1	ITEM 2	ITEM 3
Good Student	X		
Airbag Discount	30 %	30 %	30 %
Anti-Lock Brake	X	X	X
Premier Discount	X	X	X
Good Payer Discount	5 %	5 %	5 %
Est. 6 mo. Policy Premium		:	2635.98
Premiums charged must be in accordance with the Company's manual rules & rates			
Amount Paid :			

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)

Mo Yr at Present Residence: 05/1982 Residence Type: HO Owns Residence: Yes
Years at Present Employment: 4 Other Vehicles Owned in Household: N
Is this the address where the vehicles are principally garaged? Y

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818386020

INSURANCE RECORD (PRESENT OR MOST RECENT AUTO INSURANCE CARRIED)

Prior Co: ALLSTATE P&C Policy Number: 000000902000928
Exp Date: 01/04/2009 Years/Months Insured: 03/11 PI Code: AL
Is the above policy JUA, Assigned Risk or other non-preferred? N
BI LIMIT: 000500000

With respect to the Applicant and all members of the household:

A-Has an insurer cancelled or refused or given notice that it intends to
cancel or refuse any similar insurance for misrepresentation of any material
fact in the procurement or renewal of insurance or in the submission of
claims? : N

B-Has any license or permit to drive any motor vehicle been revoked, suspended
or refused? : N

C-Is the applicant the registered owner of the autos to be insured? : Y

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD

Name: REVA SXTBASEVEN Sex: M DOB: 06/23/1950
Relation to Ins: SA INSURED Occupation: EM ACTUARY Mar St: MA
Orig Date Licensed: 01/1990 Drivers Lic No: 429473467
State Lic: AR DD Course Completion Date:
Est % Use of Item 1: 000 Item 2: 100 Item 3: 000 Item 4: SS No: XXXXX0126
Accident/Violation History
DT: 20040614 Desc: Backing accident Chargeable: Y Concurnt: N
Name: CECIL M SXTBAEIGHT Sex: F DOB: 06/23/1950
Relation to Ins: SP SPOUSE Occupation: EM HEALTH TECHNICI Mar St: MA
Orig Date Licensed: 01/1990 Drivers Lic No: 429473467
State Lic: AR DD Course Completion Date:
Est % Use of Item 1: 100 Item 2: 000 Item 3: 000 Item 4: SS No: XXXXX9847
Name: JONATHAN SXTHONE Sex: M DOB: 06/23/1981
Relation to Ins: CH CHILD/PARENT Occupation: EM ACTUARY Mar St: SI
Orig Date Licensed: 07/2001 Drivers Lic No: 429473467
State Lic: AR DD Course Completion Date:
Est % Use of Item 1: 000 Item 2: 000 Item 3: 075 Item 4: SS No: XXXXX9772

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
ARKANSAS

HOME OFFICE

Application No.: 234376818386020

NORTHBROOK, ILLINOIS

Name: MICHELLE

MAROLATESI

Sex: F DOB: 06/23/1990

Relation to Ins: CH CHILD/PARENT

Occupation: ST

Mar St: SI

Orig Date Licensed: 04/2007 Drivers Lic No: 429473467

State Lic: AR

DD Course Completion Date:

Est % Use of Item 1: 025 Item 2: 000 Item 3: 000 Item 4:

SS No: XXXXX7305

REMARKS:

AGENT REMARKS

XG

ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818386020

BINDER PROVISION

In reliance on the statements in this application, and subject to the terms and conditions of the policy authorized for the company's issuance to the applicant, the Company named above binds the insurance applied for to become effective:

12:01 AM 07/04/2008

Application Signed	06:11 AM 07/01/2008
	No: 006926 Loc: KV8
Agent's Signature	Office Phone: 4794716788
	Home Phone :

Arkansas law requires us to inform you of the following:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE: As part of Allstate's underwriting qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

To the best of my knowledge, the statements made on these application pages, including attachments hereto, are true. I certify that the information concerning insurance history, auto usage, and drivers used to compute my premium is correct and that I am eligible for the appropriate discounts indicated above. I request the Company, in reliance thereon, to issue the insurance applied for. I declare that the Company may recompute the premium shown if the statements made herein are not substantially true. I have read this entire application before signing.

APPLICANT'S SIGNATURE
SAR61

DATE

ALLSTATE INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385975

Send Policy to Agent: N

Applicant Name : JOHN MARK FITCH
Address : 4014 MORRIS DR
City : FORT SMITH St: AR Zip: 72904
Telephone Num. : (479) 785 - 4119 County: 066 Terr.: 2710042

VEHICLES									
No	Yr	Make/Model	Vehicle ID Number	CT	PGS	Cost	Own/Lease	Exhibit Auto	Cubic Cent
1	1967	GALAX	7U56H153445	66	M	3500	Y/N		
2	1970	FORD	F10HLG71185	60	K	1200	N/N		
3	1972	FORD-THUND	F2J87N139454F	66	O	4500	Y/N	Y	
USE RATE									
No	Yr	Make/Model	Vehicle ID Number	CT	PGS	Cost	Own/Lease	Exhibit Auto	Cubic Cent
1	001	PLEASURE		003			0042		
2	:			003			0042		
3	:	PLEASURE	10/2007	003			0042		
COVERAGES									
				1967	1970	1972			
				GALAX	FORD	FORD-THU			
				LIMITS	PREMIUMS	PREMIUMS	PREMIUMS	PREMIUMS	
AA	Bodily Injury	Ea Per	\$25,000	13.24			13.24		
	Liability	Ea Occ	\$50,000	Included			Included		
BB	Prop Damage	Ea Occ	\$25,000	13.15			13.15		
	Liability								
SS	Uninsured Mot								
	Bodily Injury	Ea Per	\$25,000	2.94			2.69		
		Ea Acc	\$50,000	Included			Included		
	Prop Damage	Ea Acc	\$25,000	.49			.49		
* Please be advised that Uninsured Motorists Insurance (Coverage SS) limits for bodily injury are available up to the Automobile Liability Insurance - Bodily Injury (Coverage AA) limits for which you applied.									
SU	Underinsured	Ea Per	\$25,000	3.73			3.43		
	Motorist	Ea Acc	\$50,000	Included			Included		
VC	Medical & Hosp Benefits	Ea Per	\$5,000	3.01			3.01		
VW01	IncomeDisab Benefits	Ea Per		.48			.48		

ALLSTATE INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385975

VM Accidental Death Benefits	Ea Per	\$5,000	.26		.26
DD Collision	Ded	\$50	14.99	4.64	19.28
HH Comprehensive	Ded	\$50	12.85	1.88	16.52
Estimated Vehicle Premiums			65.14	6.52	72.55

Est. Pro-rated Policy Premium : 144.21
Premiums charged must be in accordance with the Company's manual rules & rates
Amount Paid :

LIENHOLDER		
Lienholder on: 1967	7U56H153445	Dir Code:
Name: RAD	Address: BHB	Exp Year: 2013
City: BHJ	State: AR Zip: 71601	LPC=IP: N

LIENHOLDER		
Lienholder on: 1970	F10HLG71185	Dir Code:
Name: HIS	Address: BHB	Exp Year: 2013
City: BJB	State: AR Zip: 71601	LPC=IP: N

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)

Mo Yr at Present Residence: 01/2000 Residence Type: HO Own or Rent: OW
Years at Present Employment: 4 Other Vehicles Owned in Household: N
Is this the address where the vehicles are principally garaged? Y

ALLSTATE INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385975

INSURANCE RECORD (PRESENT OR MOST RECENT AUTO INSURANCE CARRIED)

Prior Co: ALLSTATE INS Policy Number: 000000021330898
Exp Date: 10/01/2008 Years/Months Insured: 14/09 PI Code: AL
Is the above policy JUA, Assigned Risk or other non-preferred? N
With respect to the Applicant and all members of the household:
A-Has an insurer cancelled or refused or given notice that it intends to
cancel or refuse any similar insurance for misrepresentation of any material
fact in the procurement or renewal of insurance or in the submission of
claims? : N
B-Has any license or permit to drive any motor vehicle been revoked, suspended
or refused? : N
C-Is the applicant the registered owner of the autos to be insured? : Y

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD

Name: JOHN MARK M FITCH Sex: M DOB: 12/11/1955
Relation to Ins: SA INSURED Occupation: EM EMPLOYED Mar St: SI
Orig Date Licensed: 12/1971 Drivers Lic No: 1234567895454552565412
State Lic: AR DD Course Completion Date:
Est % Use of Item 1: 051 Item 2: ### Item 3: 053 Item 4:

REMARKS:

SHORT RATE REASON
FDF
SHORT RATE REASON
FDSFV
AGENT REMARKS
FAZF

ALLSTATE INSURANCE COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385975

BINDER PROVISION

In reliance on the statements in this application, and subject to the terms and conditions of the policy authorized for the company's issuance to the applicant, the Company named above binds the insurance applied for to become effective:

12:01 AM 07/01/2008

Application Signed	05:55 AM 07/01/2008
	No: 006926 Loc: KV8
Agent's Signature	Office Phone: 4794716788
	Home Phone :

Arkansas law requires us to inform you of the following:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE: As part of Allstate's underwriting qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

To the best of my knowledge, the statements made on these application pages, including attachments hereto, are true. I certify that the information concerning insurance history, auto usage, and drivers used to compute my premium is correct and that I am eligible for the appropriate discounts indicated above. I request the Company, in reliance thereon, to issue the insurance applied for. I declare that the Company may recompute the premium shown if the statements made herein are not substantially true. I have read this entire application before signing.

APPLICANT'S SIGNATURE
SAR45-2

DATE

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385705

Send Policy to Agent: N

Applicant Name : SRMAR ARINDSXTEENOONE

Address : ARIND1601

City : AFTON

St: AR Zip: 72076

Telephone Num. : (803) 234 - 5678 County: 060 Terr.: 1150037

VEHICLES		Own/	Exhibit	Cubic	
No	Yr Make/Model	Vehicle ID Number	CT PGS Cost	Lease Auto Cent	
1	1975 WINNABAGO	059405905	63 Z 15000	Y/N	
USE RATE					
Odom	Miles	Date	Est Ann	Incl Rare Split Alt Weeks	
No (000)	Usage One Way	Purch Mi	(000) Cmpr Rest Terr Yr	Rented	
1	: 099 PLEASURE	10/1975	011	0037	
COVERAGES					

		1975	WINNABAG	LIMITS	PREMIUMS	PREMIUMS	PREMIUMS	PREMIUMS
AA Bodily Injury	Ea Per	\$100,000	153.20					
Liability	Ea Occ	\$300,000	Included					

BB Prop Damage	Ea Occ	\$300,000	136.40
Liability			

SS Uninsured Mot			
Bodily Injury	Ea Per	\$100,000	18.00
	Ea Acc	\$300,000	Included
Prop Damage	Ea Acc	\$25,000	3.00

* Please be advised that Uninsured Motorists Insurance (Coverage SS) limits for bodily injury are available up to the Motor Home Liability Insurance - Bodily Injury (Coverage AA) limits for which you applied.

SU Underinsured	Ea Per	\$100,000	33.40
Motorist	Ea Acc	\$300,000	Included

VC Medical &	Ea Per	\$5,000	59.90
Hosp Benefits			

VW01 IncomeDisab	Ea Per		3.30
Benefits			

VM Accidental	Ea Per	\$5,000	2.10
Death Benefits			

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE

Application No.: 234376818385705

NORTHBROOK, ILLINOIS

DD Collision	Ded	\$200	177.00
--------------	-----	-------	--------

HH Comprehensive	Ded	\$250	269.70
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HC Contents Coverage Amt		\$5000	25.10
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UU Rental Reimb	Per Day	\$20	30.70
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JJ Towing & Labor		\$50	5.00
-------------------	--	------	------

Estimated Vehicle Premiums			916.80
----------------------------	--	--	--------

Est. Pro-rated Policy Premium	:	916.80
-------------------------------	---	--------

Premiums charged must be in accordance with the Company's manual rules & rates

Amount Paid :

Policy Fee:\$

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)

Mo Yr at Present Residence: 10/2000 Residence Type: HO Own or Rent: OW

Years at Present Employment: 20 Other Vehicles Owned in Household: N

Is this the address where the vehicles are principally garaged? Y

INSURANCE RECORD (PRESENT OR MOST RECENT INSURANCE CARRIED)

Prior Co:ALLSTATE INDEMN

Policy Number: 000000902069674

Exp Date: 05/20/2009

Years/Months Insured: 00/02

PI Code: AL

Is the above policy JUA, Assigned Risk or other non-preferred? N

Page 2 of More

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE

NORTHBROOK, ILLINOIS

Prior Co 2: ALLSTATE INS

Application No.: 234376818385705

Years/Month: 05/06 JUA: N

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD

Name: SRMAR ARINDSXTEENOONE Sex: M DOB: 05/15/1988
Relation to Ins: SA INSURED Occupation: EM SALES Mar St: MA
Orig Date Licensed: 05/2002 Drivers Lic No: 334686952
State Lic: AR DD Course Completion Date:
Est % Use of Item 1: 100 Item 2: Item 3: Item 4: SS No: XXXXX6952

NON-OPERATOR CHILDREN'S BIRTHDATES IN HOUSEHOLD

Sex: M BD: 11/11/1996

OTHER NON-OPERATOR OCCUPANTS IN HOUSEHOLD

Name: CRAIG NESPECTEAMG Sex: M DOB: 04/19/1979
Relation to Ins: SP Occupation: Mar St: MA
Orig Date Licensed: 01/2000 Drivers Lic No: 1234566545651456561131
State Lic: AR
Liability Insurance: N Ins Co: Policy No:

REMARKS:

AGENT REMARKS

FDSF

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385705

If your payment of the initial premium amount due is by check, draft, or any remittance other than cash, such payment is conditional upon the check, draft, or other remittance being honored upon presentation. If such check, draft, or remittance is not honored upon presentation, this Binder (and any policy delivered to you pursuant to this application) shall be deemed void from its inception. This means that Allstate will not be liable for any claims or damages which would otherwise be covered had the check, draft, or remittance been honored upon presentation.

NOTICE: As part of Allstate's underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including; (i) driving record, based on state motor vehicle reports and loss information reports, (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s), (iii) financial stability, which will be assessed by obtaining credit reports, and (iv) claim history, based on loss information reports.

Arkansas law requires us to inform you of the following:

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

To the best of my knowledge the statements made on this application, including any attachments, are true. I request the Company, in reliance on these statements, to issue the insurance applied for. The Company may recompute the premium shown if the statements made herein are not true. In the event of any misrepresentation or concealment made by me or with my knowledge in connection with this application, the Company may deem this binder and any policy issued pursuant to this application void from its inception. This means that the Company will not be liable for any claims or damages which would otherwise be covered.

If applying for a motorcycle policy, by my signature below I certify that Guest Passenger Liability (Coverage GL) has been explained and offered to me.

BINDER PROVISION

In reliance on the statements in these application pages, including any attachments hereto, and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company named above binds the insurance applied for to:

Become Effective 12:01 AM 07/01/2008

Application Signed 04:11 AM 07/01/2008

No: 006398 Loc: 8BF

Agent's Signature Office Phone: 8709316077

Home Phone :

Page 4 of More

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE

NORTHBROOK, ILLINOIS

Application No.: 234376818385705

I have read this application before signing.

APPLICANT'S SIGNATURE
SR2281-3

DATE

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385661

Send Policy to Agent: N

Applicant's Name: BARBARA M HAMILTON

Address : 33 BALTIMORE DR

City : LITTLE ROCK St: AR Zip: 72206

Telephone Num. : (501) 375 - 1808 County: 060 Terr.: 6530040

VEHICLES										Own/
No	Yr	Make	Model	Vehicle ID Number	Cy	Dr	CT	PGS	VSC	Cost Lease
1	2000	TOYOTA	CAMRY	4T1BF22K4YU110650	6	4	10	A	Q51	Y/N

USE RATE											
No	Odom	Car	Miles	Date	Est	Ann	Incl	Rare	Split	Alt	Weeks
	(000)	Usage	One Way	Purch	Mi	(000)	Cmpr	Rest	Terr	Yr	Table Rented
1	: 001	PLEASURE		09/2000	003		N	N	0040		12

COVERAGES

				LIMITS	PREMIUMS	PREMIUMS	PREMIUMS	PREMIUMS
AA	Bodily Injury	Ea	Per	\$25,000	95.90			
	Liability	Ea	Acc	\$50,000	Included			

BB	Prop Damage	Ea	Acc	\$25,000	58.80			
	Liability							

SS	Uninsured Mot							
	Bodily Injury	Ea	Per	\$25,000	9.30			
			Acc	\$50,000	Included			
	Prop Damage	Ea	Acc	\$25,000	.70			

* Please be advised that Uninsured Motorists Insurance (Coverage SS) limits for bodily injury are available up to the Automobile Liability Insurance - Bodily Injury (Coverage AA) limits for which you applied.

SU	Underinsured	Ea	Per	\$25,000	2.20			
	Motorist	Ea	Acc	\$50,000	Included			

VC	Medical &	Ea	Per	\$5,000	15.90			
	Hosp Benefits							

VW01	IncomeDisab	Ea	Per		1.30			
	Benefits							

VM	Accidental	Ea	Per	\$5,000	.90			
	Death Benefits							

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE

Application No.: 234376818385661

NORTHBROOK, ILLINOIS

DD Collision	Ded	\$500	148.10
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HH Comprehensive	Ded	\$500	42.40
------------------	-----	-------	-------

UU Rental Reimb	Per Day	\$20	12.00
-----------------	---------	------	-------

JJ Towing & Labor		\$25	0.80
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Estimated Vehicle Premiums		388.30	
----------------------------	--	--------	--

DISCOUNTS APPLIED	ITEM 1
-------------------	--------

Accident Prevention	X
---------------------	---

Prior Insurance	X
-----------------	---

Airbag Discount	30 %
-----------------	------

Anti-Lock Brake	X
-----------------	---

Homeownership Discount	X
------------------------	---

Renewal Discount	X
------------------	---

Est. Pro-rated Policy Premium	:	388.30
-------------------------------	---	--------

Premiums charged must be in accordance with the Company's manual rules & rates

Amount Paid :

HOUSEHOLD SECTION (APPLIES TO APPLICANT ONLY)

Mo Yr at Present Residence: 07/1987 Residence Type: SF Own or Rent: OW

Years at Present Employment: 8 Other Vehicles Owned in Household: N

Is this the address where the vehicles are principally garaged? Y

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385661

INSURANCE RECORD (PRESENT OR MOST RECENT AUTO INSURANCE CARRIED)

Prior Co: ALLSTATE INDEMN Policy Number: 000000615390975
Exp Date: 09/12/2008 Years/Months Insured: 20/10 PI Code: AR
Is the above policy JUA or Assigned Risk? N
Prior Co 2: ALLSTATE Years/Month: 02/00 JUA: N

OPERATOR INFORMATION ON ALL DRIVING MEMBERS OF HOUSEHOLD

Name: BARBARA HAMILTON Sex: F DOB: 11/12/1934
Relation to Ins: SA INSURED Occupation: RE Mar St: DI
Orig Date Licensed: 11/1950 Drivers Lic No: 08252289
State Lic: AR DD Course Completion Date:
Est % Use of Item 1: 052 Item 2: Item 3: Item 4: SS No: XXXXX1631

REMARKS:

AGENT REMARKS

HHGF

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE
NORTHBROOK, ILLINOIS

Application No.: 234376818385661

If your payment of the initial premium amount due is by check, draft, or any remittance other than cash, such payment is conditional upon the check, draft, or other remittance being honored upon presentation. If such check, draft, or remittance is not honored upon presentation, this Binder (and any policy delivered to you pursuant to this application) shall be deemed void from its inception. This means that Allstate will not be liable for any claims or damages which would otherwise be covered had the check, draft, or remittance been honored upon presentation.

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To the best of my knowledge the statements made on this application, including any attachments, are true. I request the Company, in reliance on these statements, to issue the insurance applied for. The Company may recompute the premium shown if the statements made herein are not true. In the event of any misrepresentation or concealment made by me or with my knowledge in connection with this application, the Company may deem this binder and any policy issued pursuant to this application void from its inception. This means that the Company will not be liable for any claims or damages which would otherwise be covered.

BINDER PROVISION

In reliance on the statements in these application pages, including any attachments hereto, and subject to the terms and conditions of the policy authorized for the Company's issuance to the applicant, the Company named above binds the insurance applied for to:

Become Effective	12:01 AM	07/01/2008
Application Signed	03:40 AM	07/01/2008

No: 006398 Loc: 8BF
Office Phone: 8709316077
Home Phone :

Agent's Signature

ALLSTATE INDEMNITY COMPANY
ARKANSAS

HOME OFFICE

NORTHBROOK, ILLINOIS

Application No.: 234376818385661

I have read this application before signing.

APPLICANT'S SIGNATURE
SR2281-3

DATE

#

#

ARKANSAS "NO FAULT" BENEFITS SELECTION FORM

The Arkansas No-Fault Law requires all auto liability policies covering private passenger cars to include minimum limits for Medical and Hospital Benefits, Accidental Death Benefits, and Income Disability Benefits, subject to your right of rejection.

You may reject any or all of the benefits by completing this form.

MEDICAL AND HOSPITAL BENEFIT (COVERAGE VC)

Required Minimum: \$5,000 per person limit for expenses incurred within 24 months.

- ☐ I have been offered higher limits and understand higher limits are available to me but I choose to reject any higher limits and wish to accept the \$5,000 per person minimum limit shown above.
- ☐ I want the following limit _____ and choose to reject any other limit and understand there may be other limits available that are higher or lower than this limit.
- ☐ I do not want this benefit in my policy.

ACCIDENTAL DEATH BENEFIT (COVERAGE VM)

Required Minimum: \$5,000 per person.

- ☐ I have been offered higher limits and understand higher limits are available to me but I choose to reject any higher limits and wish to accept the \$5,000 per person minimum limit shown above.
- ☐ I want the following limit _____ and choose to reject any other limit and understand there may be other limits available that are higher or lower than this limit.
- ☐ I do not want this benefit in my policy.

INCOME DISABILITY BENEFIT (COVERAGE VW)

Required Minimum: Up to \$140 a week Wage Loss benefit with up to \$70 a week Essential Services Expenses.

- ☐ I have been offered higher limits and understand higher limits are available to me but I choose to reject any higher limits and wish to accept the required limit shown above of Up to \$140 a week Wage Loss benefit with up to \$70 a week Essential Services Expenses.
- ☐ I want the following limits of _____ a week Wage Loss benefit and _____ a week Essential Services Expense and choose to reject any other limit and understand there may be other limits available that are higher or lower than these limits.
- ☐ I do not want this benefit in my policy.

Print Name _____

Date _____

Signature of Applicant/Insured _____

Policy/Application Number _____

Allstate Indemnity, Allstate Insurance Company, Allstate Property and Casualty
Home Office: Northbrook, IL 60062
SU10932-1



+00269U1 0932AR1+

<i>SERFF Tracking Number:</i>	<i>ALSX-125720749</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8703</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0004 Other</i>
<i>Product Name:</i>	<i>Auto, Motorcycle, Motor Home</i>		
<i>Project Name/Number:</i>	<i>Form Filing/F8703</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125720749	State:	Arkansas
First Filing Company:	Allstate Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	F8703		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0004 Other
Product Name:	Auto, Motorcycle, Motor Home		
Project Name/Number:	Form Filing/F8703		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	08/05/2008
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name:	SX2866-5	Review Status:	Approved	08/05/2008
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Comments:

Attachment:

SX2866-5.PDF

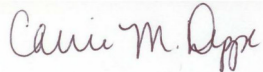
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Allstate				Group NAIC #	008
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Allstate Insurance Company	IL	19232	36-0719665			
Allstate Property & Casualty Insurance Company	IL	17230	36-3341779			
Allstate Indemnity Company	IL	19240	36-6115679			

5. Company Tracking Number	F8703
-----------------------------------	-------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Carrie M. Deppe			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0004 Other
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Private Passenger Auto, Motorcycle, Motor Home
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: TBD Renewal: TBD
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	July 2, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	F8703
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

As requested by your Department, we are filing our auto applications. No changes to the auto applications have been made, and these are being provided for reference only.

In our Allstate Insurance Company, Application 1010 is used for auto and Application 1610 is used for motorcycles and motor homes. In our Allstate Property and Casualty Company, Application 1065 is used for auto. In our Allstate Indemnity Company, Application 1660 is used for motorcycle and motor homes and Application 1960 is used for auto.

We are also filing our Personal Injury Protection (PIP) rejection form with this filing. This form is currently being used in our motorcycle and motorhome programs, as well as in our Allstate Indemnity Company auto program. With this filing, we are adopting this form for use in our auto programs in Allstate Insurance Company and Allstate Property & Casualty Insurance Company.

Upon approval, we will notify your Department of an effective date for this filing.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 10px;"> Check #: N/A. Fee sent via EFT. Amount: \$50.00 </div> <div style="margin-bottom: 10px;">Form filing</div> <div style="text-align: center; margin-top: 20px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	F8703
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	AR Application 1010	AR 1010	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	AR Application 1065	AR 1065	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	AR Application 1610	AR 1610	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	AR Application 1660	AR 1660	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	AR Application 1960	AR 1960	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	SU10932-01	SU10932-01	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SU10932 07/01/08	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT

Form F-1
Rev. 4/96

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed July 2, 2008
2. Company Name(s) Allstate Insurance Company, Allstate Property & Casualty Insurance Company, Allstate Indemnity Company
- Group Name Allstate NAIC No. 19240 Group No. 008
3. (a) Annual Statement Line of Business Number (Page 14) Private Passenger Auto
(Includes motorcycle and motor home)
- (b) Class of Business _____
- © Coverages Affected _____
4. (a) Name of Advisory Organization, if any N/A
- (b) Affiliations with Advisory Organization: Member (☐) Subscriber (☐)
5. Is this a reference filing? Yes (☐) No (☒) If yes, please provide the following:
- (a) Name of Advisory Organization (or Affiliated Company) _____
- (b) Date of Filing _____
- © Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
No. Arkansas-specific forms.
8. Is the form filed in response to or due to legislation? If so, specify legislation.
No
9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Carrie M. Deppe

Title

847-402-2774

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
SU10932 07/01/08	TBD	AR 1010	AR Application 1010
		AR 1065	AR Application 1065
		AR 1610	AR Application 1610
		AR 1660	AR Application 1660
		AR 1960	AR Application 1960
		SU10932-01	SU10932-01

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ARKANSAS
Uninsured Motorists Insurance (Coverage SS) and
Underinsured Motorists Insurance (Coverage SU)
Selection/Rejection Form

Please read the following information carefully to be sure that you understand the coverages which are being offered to you. If you have any questions about the coverages or limits described in this offer, please ask your Allstate agent.

1. Uninsured Motorists Insurance (Coverage SS) for bodily Injury:

Subject to the terms and conditions of your policy, Uninsured Motorists Insurance for Bodily Injury pays those damages that an insured person is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury.

An uninsured motor vehicle is:

- a motor vehicle which has no bodily injury liability insurance policy or bond in effect at the time of the accident.
- A hit-and-run motor vehicle (as defined in the policy).
- A motor vehicle for which the insurer denies coverage, or the insurer thereof becomes insolvent.

- A. ☐ I want to purchase Uninsured Motorists Insurance for Bodily Injury at limits equal to my limits for bodily injury liability coverage (Coverage AA).
- B. ☐ I understand that I have the option to purchase Uninsured Motorists Insurance for Bodily Injury at limits equal to, but not exceeding, my limits for bodily injury liability coverage (Coverage AA). However, I reject that option. Instead, I want to purchase the Uninsured Motorists Insurance for Bodily Injury at the limits I have indicated below. **I understand that the limits I have selected may not exceed my bodily injury liability coverage (Coverage AA) limits.** (Your vehicles are listed by number, make and model on your policy application or Policy Declarations.)

Vehicle 1	_____	Each person/ _____	each accident
Vehicle 2	_____	Each person/ _____	each accident
Vehicle 3	_____	Each person/ _____	each accident
Vehicle 4	_____	Each person/ _____	each accident

- C. ☐ I do not want to purchase Uninsured Motorists Insurance for Bodily Injury for any of the vehicles on my policy.

2. Underinsured Motorists Insurance (Coverage SU):

Subject to the terms and conditions of your policy, Underinsured Motorists Insurance pays those damages that an insured person is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury.

An underinsured motor vehicle is:

- a motor vehicle which has a bodily injury liability insurance policy or bond in effect at the time of the accident, but in an amount less than the damages the insured person is legally entitled to recover.

- A. ☐ In addition to Uninsured Motorists Insurance for Bodily Injury, I want to purchase Underinsured Motorists Insurance for Bodily Injury at the limits which I have indicated below. **I understand the option to purchase Underinsured Motorists Insurance for bodily Injury is only available to me if I also purchase Uninsured Motorists Insurance for Bodily Injury. I understand that the Underinsured Motorists Insurance for Bodily Injury for the vehicles and limits which I have selected may not exceed my limits for bodily injury liability coverage (Coverage AA).** (Your vehicles are listed by number, make and model on your policy application or Policy Declarations.)

Vehicle 1	_____	Each person/ _____	each accident
Vehicle 2	_____	Each person/ _____	each accident
Vehicle 3	_____	Each person/ _____	each accident
Vehicle 4	_____	Each person/ _____	each accident

- B. ☐ I do not want to purchase Underinsured Motorists Insurance for Bodily Injury for any of the vehicles on my policy.

Over Please

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3. Uninsured Motorists Insurance (Coverage SS) for Property Damage:

Subject to the terms and conditions of your policy, Uninsured Motorists Insurance for Property Damage pays those damages that an insured person is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage to the insured motor vehicle.

An uninsured motor vehicle is:

- a motor vehicle which has no property damage liability insurance policy or bond in effect at the time of the accident.
- A hit-and-run motor vehicle (as defined in the policy).
- A motor vehicle for which the insurer denies coverage, or the insurer thereof becomes insolvent.

- A. ☐ I understand that I can reject Uninsured Motorists Insurance for Property Damage and purchase Uninsured Motorists insurance for Bodily Injury. However, I cannot purchase Uninsured Motorists Insurance for Property Damage only. **I understand that the Uninsured Motorists Insurance for Property Damage for the vehicles and limits which I have selected may not exceed my limits for property damage liability coverage (Coverage BB).**

In addition to purchasing Uninsured Motorists Insurance for Bodily Injury, I want to purchase Uninsured Motorists Insurance for Property Damage at the limit which I have indicated below. (Your vehicles are listed by number, make and model on your policy application or Policy Declarations.)

Vehicle 1	_____	each accident
Vehicle 2	_____	each accident
Vehicle 3	_____	each accident
Vehicle 4	_____	each accident

- B. ☐ I do not want to purchase Uninsured Motorists Insurance for Property Damage for any of the vehicles on my policy.

I understand that the coverage provided by Uninsured Motorists Insurance (Coverage SS) and Underinsured Motorists Insurance (Coverage SU) is subject to the terms and conditions of my policy. I understand that the options I have selected will apply to all vehicles insured under my policy and will also apply to all future renewal, continuation, reinstatement, substitute, transfer, amended and replacement policies unless I notify you otherwise in writing.

For purposes of rejecting increased limits under Arkansas Code §23-89-403 (a) (3), this form shall be considered part of the undersigned's application for insurance coverage.

Application Number/Policy Number

Name (please print)

Date

Signature of Applicant(s)/Insured(s)

Allstate Insurance Company
Home Office: Northbrook, IL
SX2866-5/RC



00269X2866AR2

<i>SERFF Tracking Number:</i>	<i>ALSX-125720749</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F8703</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0004 Other</i>
<i>Product Name:</i>	<i>Auto, Motorcycle, Motor Home</i>		
<i>Project Name/Number:</i>	<i>Form Filing/F8703</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	SU10932-01	07/02/2008	SU10932-01.PDF

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ARKANSAS "NO FAULT" BENEFITS SELECTION FORM

The Arkansas No-Fault Law requires all auto liability policies covering private passenger cars to include minimum limits for Medical and Hospital Benefits, Accidental Death Benefits, and Income Disability Benefits, subject to your right of rejection.

You may reject any or all of the benefits by completing this form.

MEDICAL AND HOSPITAL BENEFIT (COVERAGE VC)

Required Minimum: \$5,000 per person limit for expenses incurred within 24 months.

☐ I want the required minimum limit shown above.

☐ I do not want the required minimum limit shown above.

☐ I want the following limit _____.

ACCIDENTAL DEATH BENEFIT (COVERAGE VM)

Required Minimum: \$5,000 per person.

☐ I want the required minimum limit shown above.

☐ I do not want the required minimum limit shown above.

☐ I want the following limit _____.

INCOME DISABILITY BENEFIT (COVERAGE VW)

Required Minimum: Up to \$140 a week Wage Loss benefit with up to \$70 a week Essential Services Expenses.

☐ I want the required minimum limit shown above.

☐ I do not want the required minimum limit shown above.

☐ I want the following limit _____.

Print Name _____

Date _____

Signature of Applicant/Insured _____

Policy/Application Number _____

Allstate Indemnity, Allstate Insurance Company, Allstate Property and Casualty
Home Office: Northbrook, IL 60062
SU10932-1



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